

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012664

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 104

FILED MAR 27 1963

VS 300
Rev. 4/59

6808

2808

3

4 1

5 0

6

7 0

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94222

10

11

12/-0

13/-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.: SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell</u>		d. STREET ADDRESS <u>Sedalia Mo.</u>	
3. NAME OF DECEASED (Type or print) <u>Samuel Victor Briscoe</u>		4. DATE OF DEATH Month <u>3</u> Day <u>19</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 4, 1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOONVILLE MO</u>	
13a. FATHER'S NAME <u>FRANK BRISCOE</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE SMITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>H. BRISCOE</u>		Address <u>BOONVILLE MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Myocarditis.</u> DUE TO (b) <u>[REDACTED]</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>18 March 63</u> to <u>death</u> and last saw him/her alive on <u>19 March 63</u> Death occurred at <u>5:30</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Karl B. Goner MD</u>		22b. ADDRESS <u>Sedalia Mo.</u>	
22c. DATE SIGNED <u>19 March 63</u>		22d. LOCATION (City, town, or county) (State) <u>Boonville Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-25-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
24. FUNERAL DIRECTOR <u>Allen-Sons Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>March 21, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>James Shelby per D. Anderson</u>		26. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

117 E JEFFERSON

Sedalia MO

Consented Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. S. Hardin

Licensed Embalmer No. 4378

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.